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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Conservative Surgery, and Diseased Metatarsal Bones.—The subjoined case well illustrates the good results often obtained by the application of conservative principles to the surgical treatment of diseases of the lesser bones. It is one in which some years ago amputation would have been deemed inevitable. A girl, aged 8, was admitted into Guy's Hospital under Mr. Birkett's care, on February 24, on account of disease of the metatarsal bone of the great toe. It had been bad between two and three months. A short time after her admission she was taken into the operating theatre, and placed under chloroform, with the view to the making of exploratory incisions and proceeding as might be found necessary. There was much surrounding swelling, and several sinuses leading to exposed bone. On examination, the state of things proved as had been expected—there being necrosis without joint disease. The distal half of the metatarsal bone was detached at its epiphysis from the articular head, and above from the upper half of the bone. It was removed without any joint being opened. The girl, after only a short stay in the Hospital, left quite well, the wound being healed, and the toe only a little shorter than the other. We do not, of course, mean to assert that in former times amputation was resorted to in all cases of diseased bone of the toes or fingers. It is quite certain, however, that a great many such are now saved which would formerly have been sacrificed. To this end the use of chloroform has greatly conduced, since it enables the Surgeon to make exploratory incisions, and ascertain the exact condition of the bones prior to proceeding to amputation. We have repeatedly seen both fingers and toes preserved which, before the exploration, it had been quite intended to re-

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move. These bones are so small that with much œdematous swelling about them it is very frequently impossible to tell whether or not the articular extremity is actually diseased. And on this point the whole question of treatment often turns. If the articular extremities are sound, the disease is usually a necrosis of like character with what occurs in the case of the larger long bones, that is to say, the periosteum is left, and a more or less perfect substitute shaft will eventually be formed. That the amount of new bone thrown out for purposes of repair is in the case of these much less than it is with the femur or tibia, must be admitted. The new shell is not only much less perfect, but it is formed much more slowly. In the majority of cases, however, it is ultimately formed to a sufficient extent to prevent much shortening of the bone. We have repeatedly seen cases in which, at the time of the operation, two or three inches of the entire thickness of a metacarpal or metatarsal bone were removed, whilst only a few spiculæ existed at the time in the periosteum, and in which, therefore, shortening to a large extent appeared inevitable. Very generally, however, a new shaft has been produced, and the final result, as in Mr. Birkett's case just given, has been very much more pleasing than had been expected.—*Med. Times and Gaz.*, July 4, 1857.

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A Knee-Joint saved.—A little boy was shown us on the 9th June, at the Westminster Hospital, who had been an inmate for fourteen months under Mr. HOLT'S care, with disease of his left knee-joint, which seemed to be of a strumous character. It went through all the phases of disease witnessed in that articulation. The patella was in a necrosed state, the joint was filled with pus, and the little fellow was as bad as he could be. Mr. Holt made a crucial incision over the patella, and removed all the diseased part of the bone, and at the same time let out a quantity of matter from the articulation itself, the boy's general health being carefully attended to by good diet, &c. The result has been the healing up of the wound, and actual recovery of the boy, with a useful limb. The joint became firm, somewhat flexed, and without pain. As there was some motion in it, a splint was applied with a screw at its under surface, and extension gradually practised, so that there is now some slight motion, with a prospect of straightening the limb, which, we have no doubt, will prove a useful one as the boy grows bigger. There can be no question that the result here is likely to be more favourable than if excision had been performed.—*Lancet*, June 20, 1857.

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Ligature Treatment of Varicocele.—In two cases recently under Mr. HILTON'S care in Guy's Hospital, the ligature method of cure has been tried with good success. In the first, a man, aged 17, in good health, suffered from varicocele of the left side, and for nine months had been much inconvenienced by aching in the loins, &c. He willingly consented to the proposed operation. Care being taken to isolate the veins from the cord, a long needle was passed behind the former, and a twisted ligature applied over its projecting extremities. The ligature was allowed to ulcerate out. No symptoms of phlebitis ensued, the veins were obliterated, and the man left the Hospital relieved of his disease. In the second case the patient was 22 years old, and had suffered from the affection for a longer time. The same measure was adopted, and with satisfactory results, although not such complete relief as in the first. It is a plan of treatment which Mr. Hilton not very unfrequently resorts to in severe cases.—*Med. Times and Gazette*, July 4, 1857.

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Cancer Hospital—Number and Variety of Cases under Treatment.—On the 14th April, we paid a visit to the out-patients' department of this Hospital, and saw a large number of cases, some of them under treatment, and others, again, presenting themselves for the first time. We were surprised to find amongst many of these, several from various parts of the country, and it must be a matter for gratification to the governors and subscribers of this noble charity to know that such is the reputation of their Hospital, that patients come even from the most distant parts of England to obtain relief. This speaks much for the reputation of the staff connected with it.

It were needless to go into detail upon the many remarkable cases which were presented to our notice; a large proportion of them are instances in which the female breast is implicated, in every variety and stage of the disease. These under treat-

ment were doing well. One woman presented herself with a very deep ulcerated cavity, offensive discharge in her right breast, which would have held one's fist; portions of the affected gland were sloughing away. She was upon the same treatment as in the following case, and was doing well. She had had, some years before, cancer of the womb, of which she was completely cured, we believe at this Hospital. Another woman, who expressed herself most gratefully for what had been done for her, was shown to us, with a small healthy ulcerated surface the size of a shilling, in the midst of an immense cicatrix of the left breast, which some time ago formed a frightful-looking cancer of the organ, about twelve inches in diameter, with swelling, induration, pain, offensive discharge, &c. She was admitted into the Hospital, at Brompton, in almost a moribund state from hemorrhage, which was arrested by the perchloride of iron. All the affected breast sloughed away, and began to heal up, her health being greatly improved. In this case the disease was of twelve years' standing, her age fifty-two years. The treatment pursued was bark and hydrochloric acid internally, and a lotion consisting of chlorate of potass, half an ounce to the pint of water, with forty minims of hydrochloric acid.

There was a very bad case of cancer of the tongue in an old man, existing for some years, with present sloughing of the organ; but, strange to say, we found an absence of fetor, which is an unusual circumstance in these cases. A lotion was carefully used in this case, of four grains of bichloride of mercury, two drachms of spirits of wine, four drops of hydrochloric acid, and six drachms (not ounces) of water. The tongue was enlarged, not freely movable, and articulation indistinct.

Besides examples of cancer in other parts of the body, we saw several instances of indurations of the breast, which the patients either feared or had been told elsewhere were cancer. These were dispelled with constitutional treatment. But we can truly say they would be received as cancer, treated as cancer, and cured as cancer, by some of the notorious *cancer curers*, who cannot distinguish this disease from others, who call everything cancer, and who abound in this great metropolis.

We hope shortly to give some brief reports of interesting cases from this Hospital, with a reference to the treatment pursued, which is quite open and fair. Nothing is here concealed. Any medical practitioner is permitted to witness the practice of the Hospital on simply presenting his card. He will see from forty to fifty cases of various forms of cancer amongst the out-patients' department, from which the worst cases are selected for admission into the Hospital itself, situated at Brompton, and we feel certain every visitor will leave not only satisfied, but highly gratified with everything connected with the charity.

The fourth Annual Report, for 1856, states that 1,133 cases of cancer were treated in this Hospital; of these, 183 were males, and 950 females, showing how much more prevalent is the disease in the latter sex. The diseases amongst the females ran thus: Breast, 710; special organs (womb, &c.), 157; face, 45; tongue, 18; eye, 7; side, 5; arm, 3; stomach and pancreas, 3; fauces, 2. Whilst amongst the males, there were of the face and lip, 69; tongue, 51; special organs (genitals), 32; arm and hand, 13; bones of face, 9; breast, 3; eye, 2; stomach, 2; back, 1; and thigh, 1.

All the varieties of cancer were represented, and the average duration of the disease before coming to the Hospital was three years. Besides the above, there were 226 cases of doubtful character.—*Lancet*, May 2, 1857.

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Spontaneous Sloughing of Cancer.—There is a patient now attending the out-patient department of the Cancer Hospital, named Mary Punter, 52 years of age, married and mother of nine children, in whom a perfect cicatrization of a large ulcerated surface in the left mamma has followed spontaneous sloughing of a very large cancerous tumour. She came to the Hospital in October, 1855, with a large ulcerated cancer, from which there was at times very free hemorrhage, which was stopped by the local use of the perchloride of zinc. Carrot poultices were used until January, 1857, during the whole of which time the process of ulceration and sloughing was going on. In January, the whole of the diseased mass had separated, and a very large superficial granulating sore was left, nine inches in diameter, which has gradually cicatrized from the edges towards the circumference, and is now firmly healed over.

There is no swelling in the axilla, and the woman's general appearance is that of excellent health.—*Medical Times and Gazette*, May 23, 1857.

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Cure of Syphilis without Mercury.—On a recent visit to the syphilitic ward of the Royal Free Hospital, where a number and variety of syphilitic disease are to be met with, especially of the secondary eruptions, we find they are treated by the administration of stomachic and tonic remedies and good diet, conjoined with the following formula, viz: Sulphur, one drachm; sulphuret of antimony and nitrate of potass., of each five grains; mixed into a powder, half of which is given night and morning, and persevered in till the eruption disappears, the health is improved, and a cure established. Dr. Marsden has employed this mode of treatment for twenty-seven years, in thousands of cases, and he observes, that not one in a hundred instances has he known to return with constitutional symptoms. In the primary forms of syphilis he trusts to stomachics solely, with good diet. This is a very interesting and highly important fact in the treatment of syphilis. The cases of secondary eruptions under this plan of treatment, which we saw on the first of June, fairly spoke for themselves, as they were gradually dying away.—*Lancet*, June 27, 1857.

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Ovariotomy.—"Ovariotomy, to judge from the practice of the London hospitals, seems to be well nigh discarded. It is suspected very generally that such statistics as appear to show it in a favourable light, only do so on account of their incompleteness. We may venture the remark, that the belief as to the 'cooking' of ovariotomy statistics is most fully borne out by all that has come to our knowledge. Since the statistics of operations were commenced in this journal, about four years ago, about ten cases have been recorded: and it is an ominous fact, that out of these not one single case has recovered. When it is recollected that all these were performed in large hospitals, and with every advantage that consultations, etc. could afford, the statement becomes all the more discouraging. As bearing upon the value of previous tables, and as showing the very general habit of omitting to mention fatal cases, we may add that only one or two of these ten cases have ever been made public, excepting by means of the Quarterly Statistical Reports alluded to, and, but for these, would most likely never have been known."—*Med. Times and Gazette*, May 23, 1857.

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Amylene and Chloroform.—From what we see of the employment of amylene we are strongly impressed with its advantages over chloroform in some instances. Latterly its use has been resumed at King's College Hospital, by Dr. Snow. On the 30th of May, he gave the vapour in three cases—one of hare-lip, in an infant; one of amputation of the toe, in a young man; and one of excision of the knee-joint. All were quickly placed under its influence, say in from two to three minutes, and it was easily kept up. We observe, also, that the smell is not so pungent as it was; it is not liked by some persons, but it is by no means disagreeable. In a case of partially contracted knee, in a young man under Mr. Partridge's care, the chloroform was given in preference to the amylene, on the 30th of May, so as to relax the muscles in the effort made to forcibly straighten the limb. We saw a very striking instance of this wonderful property of chloroform, a few weeks back, at St. Bartholomew's, in a case of strangulated inguinal hernia, under Mr. Lloyd's care; it had resisted ice, the taxis and other applications, but was reduced without much trouble, simply under the use of chloroform, which not only produced relaxation of the muscles, but seemed in some way or other to render the seat of structure less tense. Now, in the cases of amylene inhalation, it is the rapid restoration of consciousness immediately on the cessation of inhalation, which gives it a very unmistakably decided advantage over its sister chloroform, which cannot be lost sight of altogether. We have seen Dr. Snow use the amylene in several instances since the 30th May.—*Lancet*, June 20, 1857.

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Lectures on the Causes of the Mortality which attends Parturition and the Puerperal Period, and on the modes by which the amount of this mortality may be determined. By W. Tyler Smith, M.D., Lecturer on Midwifery, &c.

The seventeenth annual report of the Registrar-General, of births, deaths, and marriages in England, published during the present year, contains a letter on the causes

of death in 1854, by Dr. Farr, the eminent vital statistician, in which the mortality of women in child-bearing is very ably handled. From this document it appears that during the eight years from 1847 to 1854, inclusive, to every 10,000 children born alive in England and Wales, 54 mothers died. This makes a maternal mortality of nearly 1 in every 189 deliveries. In the seven years no less than 3,232 mothers died, on the average, annually. It is a gratifying fact, that in the seven years the mortality decreased from 60 in 10,000, in 1847, and 61 in 1848, to 47 in 10,000 in 1854. Since 1848 the declension has been progressive, the numbers per 10,000 being 58, 55, 53, 52, 50, and 47. Still, in the most favourable year, 1854, 3,009 died either during childbirth, or in the puerperal period—an enormous fatality to attend the performance of a natural function. The most minute particulars in his report relate to the year 1852. In that year there occurred in this country 617 902 child-bearings, and the number of women who perished was 3,247. We may at the present time consider 3,000 per annum as the number of women destined to perish from childbirth in England and Wales. This mortality, it must be remembered, refers to women in the prime of life, who, up to the time of labour, enjoy excellent health. From the numbers given in the seven years, out of every 100,000 child-bearings, 530 women died from causes incident to labour. In the year 1848, 61 mothers died to every 10,000 children born alive. For the year 1852, we have the exact number of child-bearings given. In this year, 617,902 women were delivered. Of these, 3,247 died in childbirth, or in the puerperal period. The estimated number of stillborn children was 22,122. The deaths from child-bearing bear a considerable proportion to the entire mortality during the child-bearing period—viz: from the ages of 15 to 55. Amongst women of the age 15—25, the annual mortality per cent. from all causes was .861, of which the $\frac{1}{21}$st part, or 0.41, is by childbirth. At the ages 25—35, and 35—45, the annual mortality per cent. from all causes was 1.090 and 1.296, of which .098 resulted from childbirth. Thus between the ages 25—35, 1 in every 11 deaths from all causes is from childbirth. At the age 35—45, one out of every 13 deaths is from childbirth; and in the case of women of the age 15—25, the mortality is increased by childbirth in the ratio of 5 to 9. It is difficult to put the mortality from parturition in a stronger light than this. In the English schedule there is as yet no column for the ages of the parents of the children registered. In the Swedish returns this defect does not exist, and Dr. Farr has determined the deaths from childbirth, at the respective ages as they occur in this country, by applying the data drawn from the Swedish tables to our own. The results show that a mathematical law governs the calamitous deaths of childbirth. Between the ages of 15 and 25, the maternal mortality, as already stated, amounts to 668 in every 100,000, in childbirth. In the second child-bearing decenniad, from 25 to 35, the mortality from parturition is only 425 in 100,000 labours. It rises to 633 per 100,000, between the ages of 35 and 45, and to 883 in the last decenniad, namely, from 45 to 55. It is in the first decenniad that the largest proportion of first births occur; but more than one-half of the deliveries which take place at all ages, occur between the years 25 and 35. This is, in fact, the great child-bearing epoch, and the age at which parturition is most safely performed. At the age of 15 to 25, one woman out of every sixteen bears a child in the year. At the age of 45 and upwards, the number bearing children is inconsiderable, but from the age of 25 to 35, one woman in every four bears during the year in this country. The most fatal decenniad is the last, between the ages of 45 and 55, when the deaths are more than double the proportion of the deaths occurring in childbirth between 25 and 35. The female population between the ages of 45 and 55 is estimated at 782,010; of these, 7,545 are computed to bear children in the year, and a fatal result occurs in 66 cases, or at the rate of .883 per cent. The comparative mortality in the four decenniads may be represented by the figures 3, 2, 3, and 4. This increase in the mortality from parturition at the two extremes of the child-bearing epoch is in accordance with the results of common observation. All radical defects and deformities in the child-bearing organs are tested in first pregnancies, and it is in the first and last periods that rigidities of the soft parts are most marked. Towards the end of the child-bearing period, women then becoming pregnant for the first time have their peculiar dangers; while

in women who have borne numerous children, and in whom the reproductive organs are worn out, as it were, the results of uterine inertia, and the occurrence of rupture of the uterus, from its imperfect development in later pregnancies, increase the mortality. Other affections, such as fibrous tumours and mollities ossium, also increase in importance as impediments to labour, towards the close of the child-bearing epoch. It may be observed that in all returns relating to obstetrics, the amount of mortality from causes connected with child-bearing are rather under than over stated, from the natural repugnance of practitioners to refer to this condition as a cause of death.

If we come to inquire into the special causes of death from parturition, we find metria or puerperal fever to be the monster source of childbirth mortality, when compared with any other single disease or accident attending labour. In the eight years 1847—55, 25,868 mothers died in childbirth; of these, 8,154 perished from puerperal fever. More than 1,000 women die annually in England from this cause alone. The particulars of this are set forth in the following table:—

Deaths of Women in Childbirth in the Eight Years 1847—54.

YEARS.	NUMBER OF DEATHS FROM			Deaths of mothers to 10,000 children born alive.
	Metria and other causes.	Metria or puerperal fever.	All other accidents of childbirth.	
1847	3,226	784	2,442	60
1848	3,445	1,365	2,080	61
1849	3,339	1,165	2,174	58
1850	3,252	1,113	2,139	55
1851	3,290	1,009	2,281	53
1852	3,247	972	2,275	52
1853	3,060	792	2,268	50
1854	3,009	954	2,055	47
8 y'rs, 1847–54	25,868	8,154	17,714	54

After puerperal fever, hemorrhage and exhaustion, the operations of midwifery, rupture of the uterus, puerperal mania, and convulsions, are the principal causes of death. Certain diseases quite distinct from parturition, such as smallpox or scarlatina; and visceral inflammations, such as idiopathic peritonitis, cardiac, pulmonic, and cerebral inflammations, are vastly increased in danger by the concurrence of pregnancy or parturition. Statistics yield some interesting and important facts respecting the ages at which metria and the other disorders and accidents of childbirth are fatal in different proportions. These facts are exhibited in the following table:—

Comparative Mortality of Women bearing Children at different Ages, from Metria and all other Causes, in the Seven Years 1848—54.

Age of mother.	Deaths by metria.	Deaths by other accidents of childbirth.
15—25	2,085	2,939
25—35	3,401	6,378
35—45	1,791	5,566
45—55	86	380
15—55	7,363	15,265

Thus it appears that during the first child-bearing decenniad, 15—25, somewhat more than two-fifths of the childbed mortality is from metria or puerperal fever, but under this head all inflammatory disorders of the uterus are probably included. In the second decenniad, 25—35, rather more than one-half of the deaths of women in childbirth are attributable to metria. In the third decenniad, 35—45, rather less than one-fourth of the deaths take place from metria, the proportion being 1,791 from fever to 5,568 from the other accidents of childbirth. In the limited number of cases occurring in the fifth decenniad, a still smaller proportion of deaths from metria is observed. It results that between the ages 15—35, women are greatly more susceptible of puerperal fever than between the ages 35—55. On the other hand, between the ages 35—45, and 45—55, while the chances of death from puerperal fever are diminished, those of death from the other accidents of childbirth are increased in a still greater proportion. The great era of puerperal fever is before the age of 35, when it exceeds one-third of the total deaths from childbirth. After the age of 35, the other accidents and disorders of childbirth largely exceed puerperal fever in importance, the proportion in the seven years being 5,998 from the ordinary accidents and disorders of childbirth, and only 1,877 from metria. I am not aware that the attention of obstetricians has ever before been drawn to these remarkable facts in connection with death from child-bearing. That they have a practical bearing of the first importance, is at once obvious.

We have seen that the great single cause of death amongst childbed women is metria, or puerperal fever. There can scarcely be any hesitation in declaring that the disease ought hereafter to be as absolutely extinguished in this country as the plague of former times. It stands in the same category as typhus, and the rest of the zymotic diseases, which we may reasonably hope are in gradual process of extinction by preventive medicine. This extinction, if possible, cannot but be hastened by the earnest direction of the professional mind to the subject, since it is one which is very much within the control of medical men. As regards cure, or effective treatment, the disease in its various forms is utterly beyond all the known resources of our art; and there is no reason to imagine that we shall ever deal with it effectually, save in the way of prevention. In this point of view, everything in the history of the disease leads us to the conclusion that its virulence and frequency may be moderated to almost any extent, or that it may even, in process of time, be entirely annihilated.

And, first, as regards the sporadic origin of this disorder. The state of the lying-in woman is one in which, as we have seen again and again in the present lectures, the blood and secretions are necessarily vitiated to a certain extent. Puerperal fever may almost be produced at will, by crowding a number of lying-in women together in the wards of a lying-in hospital. It is generated in individual cases, by inattention to the lochial and other secretions, the absence or neglect of ventilation, in the small rooms of the poor, where the lying-in chamber is often the abode of the rest of the family, and is used for all domestic purposes. In fact, where there is risk of typhus to the non-gravid woman, there is more than an equal amount of danger of metria to the puerperal woman.

In the way of infection and contagion, it may, I think, be demonstrated, that puerperal fever may be carried from one patient to another by the proximity of lying-in patients, and by attendants and nurses conveying the infectious principle from one patient to another. There can be no doubt whatever that the exposure of a lying-in woman to the influence of the fomites or other impalpable or material agencies, derived from erysipelas, typhus, hospital gangrene, scarlet fever, smallpox, decomposing animal bodies, especially of persons who have died from any form of fever or inflammatory disorder, and other conditions, conveyed to the lying-in woman by the breath of those about her, or the hands and clothes of her attendants, will produce the disease. When the disease prevails in lying-in hospitals, and acquires a certain virulence, it is apt to prevail epidemically, all the lying-in women exposed to the danger becoming affected; and it is believed to prevail in certain districts and seasons, as an epidemic apart from all influences of contagion and infection.

The prevention of sporadic cases belongs in part to the general sanitary questions of dwellings for the poor, draining, ventilation, water-supply, and other matters bearing upon the physical condition of the poorer classes of society; and in part to the attention given to cleanliness, the removal of morbid secretions, and other removable causes of disease, in individual cases. As regards lying-in hospitals, it may be questioned whether they have not proved in many respects an injury, instead of a blessing, to those classes they are intended to relieve, and certainly I believe the feeling of the profession is against any extension of the system of lying-in hospitals. They have demonstrated more emphatically than the facts derived from any other source, that puerperal fever is a contagious and a preventible disease. A large amount of the mortality from puerperal fever in large cities has occurred within their walls, and from these institutions it necessarily spreads by medical attendants, nurses, patients, and wet-nurses, to other lying-in women. It is evidently unsafe to congregate lying-in women, in any numbers, in the same building. This is the opinion of Dr. Robert Lee. Dr. Simpson has suggested that lying-in charities should consist of detached buildings rather than of hospitals. Dr. Ramsbotham declares himself very emphatically against such institutions, and relates that he once refused a valuable appointment in a proposed new charity of this kind. Drs. Lever and Oldham, when the managers of the splendid income of Guy's proposed to erect a new lying-in hospital, exerted their influence against the origination of such a building. Dr. Copland, who for a long time held an appointment as consulting physician to a lying-in hospital, has given a very emphatic opinion respecting

the dangers arising from such institutions. There can be little doubt that the suppression of such hospitals would effect a great saving of human life. No care that ever yet has been devoted can render the mortality in lying-in hospitals in this country, as favourable as the mortality amongst women confined under the most miserable circumstances at their own homes. Meantime, while lying-in hospitals exist, every care should be given to the ventilation of the wards, the allotment of sufficient space to each patient, and the removal of infected patients to separate wards. It has always been the laudable practice, when puerperal fever has prevailed in lying-in hospitals, to shut up infected wards, or to close the institutions altogether. What applies to lying-in hospitals, holds good also with respect to the admission of lying-in patients into the wards of general hospitals.

As regards the care of individual child-bed women with reference to the sporadic development of metria, much depends upon the nurse. It is in this respect of the highest importance to have trained and educated nurses, understanding the subjects of diet and ventilation, and made well aware of the importance of cleanliness in all that relates to the management of the lochial and lacteal secretions. I have already referred to the relation of questions of drainage, the construction of dwellings, and other sanitary matters, to the sporadic production of puerperal fever. In this particular concern our profession is at present very much at the mercy of the public. We are not responsible for the great causes of zymotic disease which exist. With the improvements in our sanitary arrangements, puerperal fever will diminish like other diseases of the same class, or become far more easy of prevention.

When epidemic puerperal fever, or the conditions which give rise to it, exist, what can be done to prevent its development or extension? It has been proposed to keep lying-in women in suspicious circumstances, constantly under the influence of quinine, iron, or some other tonic or antiseptic remedy. But the extent of the powers of such medicines are matters rather of reasonable supposition or belief than of actual proof. I should be disposed to place great confidence, from what I have seen of its use, in the chlorate of potash as a prophylactic against puerperal fever, in doses of from five to ten grains three times a day. This drug appears to act by liberating in the economy, the oxygen and chlorine it contains.

In considering the spread of puerperal fever by infection and contagion, the different circumstances under which the poisonous element is circulated must be borne in mind.

It is obvious that women who are in the latter months of pregnancy, and in whom delivery may be expected from day to day, should be secluded as far as possible from proximity to patients suffering from the exanthemata, erysipelas, hospital gangrene, scarlet fever, putrid sore-throat, or any other disorder the miasm of which admits of conversion into the puerperal poison, and that any indirect communication by third parties or in any other way should be prevented to the greatest practicable extent. The relations of medical men, students, midwives, and monthly nurses, to the propagation of puerperal fever, require separate notice.

According to the present arrangements of our profession, there is no class of medical men exempt from the risk of conveying to puerperal patients, infectious or contagious matters from disorders capable of producing metria. Those who practise midwifery as a specialty, may meet with sporadic cases of puerperal fever capable of furnishing infectious matter, or they may be called to see cases of puerperal fever in consultation. Men holding hospital or dispensary appointments are also obliged to see the puerperal patients of such institutions. Surgeons in general practice, necessarily attend cases of infectious disease, convertible into metria, when conveyed to the lying-in woman. Surgeons holding hospital appointments, who perform operations and practise midwifery, as Dr. Simpson has forcibly pointed out, have to deal with lying-in women, and also with cases of an infectious and contagious nature, such as phlebitis or erysipelas. If students attend midwifery cases while their anatomical and surgical education is going on—and it is difficult to seclude themselves entirely from such subjects—they unavoidably expose patients to the risks arising from their dissections; from their attendance upon medical and surgical hospital practice; and also their pathological studies. Midwives frequently convey the disease from one patient to another, and the same may be said of monthly nurses.

Since it is impossible, or next to impossible, considering the frequency of infectious or contagious diseases, for any man in practice to escape entirely from the risks of infecting or inoculating lying-in women, especially when such patients are under circumstances favourable to infection or inoculation, the question arises as to the best mode of rendering these risks nugatory, or of destroying them altogether. In the Lecture on Puerperal Fever I have given the evidences which appear to me to prove that the blood and breath of the practitioner is a very common medium of infection. This would point to the propriety of neither going nearer to, nor remaining longer in, the vicinity of a patient suffering from puerperal fever, or any convertible infectious disease, than is necessary; and of not approaching so near to a recently delivered woman as to expose her to danger from the breath. Where the presence of infection is very evident, the propriety of changing the clothes is obvious, and generally practised; and many expose their clothes to the fumes of chlorine after exposure to risk. After touching any wound or purulent surface, the hands should be not merely washed, but washed in a solution of chloride of lime, or some other disinfecting fluid. It would only result in good and in confidence on the part of patient and practitioner, were the practice common, if the hands were habitually washed in a solution of chloride of lime before attending a labour, and, in suspicious circumstances, before and after every vaginal examination. The fingers of the practitioner are evidently a fertile source of contagion. Dr. Simpson compares the fingers of an accoucheur who has been touching wounds or pathological specimens to the armed points used in vaccination. The small amount of matter conveyed by the hand, which is capable of producing disease, is almost incredible. A practitioner has been known, to have an outbreak of puerperal fever in his practice—to have freed himself by absence from home, so as to have attended cases without risk—and then to have had a second outbreak after wearing a pair of gloves which he had worn during the first attack. It has been recommended that gloves should not be worn at all by accoucheurs, and certainly, considering the interests at stake, no precautions can be too minute under circumstances of suspicion. Keeping the nails closely cut, is another point worthy of attention. The condition of the utero-vaginal canal is, it must be remembered, the most favourable which can be conceived, for inoculation. The mucous surfaces are in a state of high excitement; abrasions and slight lacerations of the vagina and perineum are extremely common. The removal of epithelium from the surface of the os uteri, at the time of labour, is almost universal, and it is to this part, of course, that the finger of the accoucheur is necessarily directed during his examinations. With respect to the attendance of students on cases of midwifery, some time ought to be set apart for their attendance upon midwifery cases, during which they should neither dissect nor attend the wards of the hospital, or the deadhouse. The dangers arising from the attendance of students upon lying-in women, when they are dissecting and attending autopsies, is exhibited in the most startling form by the statistics of the great Vienna lying-in hospital. In this institution, in the six years from 1840 to 1846, 22,120 women were delivered. Of these, 2,260 died; the mortality being in the enormous ratio of 1 in every 10. The mortality has since been reduced to 1 in 74, and the reduction has dated from the time when Dr. Semelweiss enforced the regulation, that every student should, before and after each vaginal examination, wash his hands in a solution of chloride of lime, and also interdicted the students from touching dead bodies.

As regards the deaths arising from accidents and other disorders during childbirth, there is also much hope of diminishing the amount of mortality. Everything points to the importance of only allowing qualified persons or advanced students to attend women in parturition. In no other circumstance or operation whatever, where the mortality was 1 in 189, would ignorant women or unqualified persons be allowed to practise. The common feeling has been, that any one might safely attend a woman in middle life who had already borne children; but the tables I have given show that rather more than 800 women perish in England yearly from the various accidents and diseases of childbirth, between the ages of thirty-five and forty-five. The attention and anxiety of the practitioners are commonly given to the first labours; but statistics show uner-

ringly that the greatest and most fatal risks from accidents, &c., attend the delivery of women who are mothers of families, and above the age of thirty-five. It is in these women that death occurs most frequently from hemorrhages, puerperal mania, rupture of the uterus, exhaustion, &c., while they are comparatively exempt from the danger of puerperal fever. On the other hand, our care in guarding young lying-in women from their greater risk of taking metria should be most unceasing. The proportion of deaths from hemorrhage is very large. As far as the statistics from which I have quoted are available, the deaths from flooding alone are more than 10 per cent. of the total deaths in childbirth. Now, there can be no doubt that, with the appliances and means we at present possess, this large item of childbed mortality might in the hands of educated obstetricians be greatly diminished, and that death from flooding ought rarely to occur. Another large reduction might be made by substituting the induction of premature labour, or turning, or the forceps, but especially premature labour, for craniotomy. By the employment of turning or the forceps, the mortality is considerably diminished; but by the induction of premature labour the risk of death to the mother from the performance of craniotomy becomes very slight indeed. We have seen that in almost all cases the induction of abortion or premature labour might, by the exercise of foresight, be substituted for craniotomy. Taking the annual number of deliveries—the proportion of craniotomy cases—and the scale of mortality from this operation, we have the data for an approximative estimate of the maternal mortality caused by craniotomy in England. This would amount to nearly 400 deaths per annum from this cause alone, all or nearly all of which might undoubtedly be averted.

In concluding the present course of lectures, I cannot but look forward to the time when the present mortality from childbearing will be greatly lessened. This is a subject in which we of the present day must bear our part, and it is consolatory to know that every succeeding generation of students and practitioners will come to the work with added means of science and experience, until at length we may hope that no unnecessary mortality shall take place in parturition. Women, it has been remarked, were ordained to bring forth children "in sorrow," but certainly not in death.—*Lancet*, Dec. 27, 1856.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Mr. Crawford, the Sculptor's Case.—We have received the following communication in regard to this case from Prof. Wm. Gibson, dated—

LONDON, *July* 10, 1857.

DEAR DOCTOR: I send you this statement to use as you please. Truly yours,

WM. GIBSON.

In looking over, some time since, the New York *Evening Post*, I was astonished to find a letter of May 2, from my son, Professor Charles Bell Gibson, of Richmond, Virginia, in reply to one of Mrs. Louisa W. Crawford, wife of Thomas Crawford, Esq., the celebrated American sculptor of Rome, dated Paris, April 7, 1857, charging me with having seriously injured her husband by an *explorative operation*. I deem it necessary, in my own justification, to disabuse the American people on the subject; and in order to make my statement perfectly clear and intelligible to *non*-professional readers—*professional* ones requiring no elucidation whatever—I shall give a short history of Mr. Crawford's case. Whilst in Rome, last winter, I received from Mr. Crawford the following note:—

"*Tuesday, December* 2, 1856.

"VILLA NEGRONI.

"MY DEAR SIR:

"Will you excuse the liberty I take in asking if you can make it convenient, any hour after eleven o'clock to-day, to call at my house, and give Dr. Smyth, who is attending me, the benefit of your advice regarding my eye. I fear this subject is becoming a serious one, and Dr. Smyth having heard of your *reputation*, is desirous of consulting with you. An answer will much oblige,

"Yours, very truly,

"THOMAS CRAWFORD."

I replied to Mr. Crawford's note immediately, and consented to meet Dr. Smyth at 12 o'clock the same day. Previous to examination of the case I said to Dr. Smyth:

"I resigned my professorship in the University of Pennsylvania, and my practice in Philadelphia, some months since, am entirely out of the profession, and do not wish to engage in any case whatever. I am willing, however, to make an exception in favour of Mr. Crawford. inasmuch as I look upon him, as a great artist, as an honour to my country, have taken a deep and abiding interest in his glorious achievements, and shall consider his loss a national calamity, should anything seriously befall him. Say to him, however, that I cannot regularly attend him, that my services must be gratuitous, that I will see him with you as often as I can, as a friend and countryman, and will do everything in my power to serve him as long as I remain in Rome, which may be only for a short time—for the sake of himself and interesting family, now separated from him by the broad Atlantic, and unaware of his danger; which I take, from your account of it, to be imminent."

After minute examination and inquiry into the nature of the case, I remarked to Dr. Smyth: "It is evident that the eye, perfectly sound in itself, but pushed beyond the walls of the orbit more than half an inch, is acted upon by *pressure* from behind from a fluid or solid—that if by the former, an *exploring needle* might, by discharging it, cause the eye to resume its natural position, and be followed by a cure—that if, on the coutrary, *solid*, and, particularly, if of *malignant* character, no essential benefit can result from any treatment whatever, and that the case must, *necessarily*, in a few months, terminate *fatally*." Having obtained Mr. Crawford's consent to the use of the *exploring needle*, and being requested by Dr. Smyth to perform the operation, I engaged in it, the next day, with every precaution and with the utmost delicacy, and in a few minutes was able to ascertain, with the utmost accuracy, that there was *no fluid*, but a *solid* tumour, which not only filled up the posterior part of the orbit, but might possibly have its origin in the *brain*. In this state of the case I wrote to Dr. John W. Francis, of New York, an old acquaintance, an eminent physician, and the uncle of Mrs. Crawford. I wrote *cautiously*, not having *fully* made up my mind as to the *real* nature of the tumour, and not wishing to alarm Mrs. Crawford and her friends unnecessarily. To Mr. Hooker, the eminent banker of Rome, and the devoted friend of Mr. Crawford, I spoke with less reserve, and expressed my apprehension of the case being likely to terminate disastrously. In a short time I received a reply to my letter from Dr. Francis, and a postscript from Mrs. Crawford, thanking me in the kindest terms for the warm interest I had taken in Mr. Crawford's case, for my "*philanthropy*," &c. I wrote also to Mr. William Lawrence, one of the oldest and most eminent of the London surgeons, a gentleman of vast experience, and particularly skilled in affections of the eye and its appendages, stating Mr. Crawford's case and asking the benefit of his advice, and received from him in reply a most interesting letter, evincing great sagacity, but confessing his inability, from the peculiarity of the case and the complicated symptoms, to give a decided opinion. I need hardly remark that the small incision made by me through the skin and muscle of the upper eyelid, to admit of the easy introduction of the needle between the eyeball and upper orbitar plate, and the puncture with the needle parallel with the base of the orbit, healed in a very few days, and no material inconvenience or exacerbation of symptoms followed the operation, as has been stated; in fact, no injury was done or could be done; as there were no important parts in the vicinity of the operation which, with ordinary anatomical knowledge and care, could suffer without being followed immediately by hemorrhage, the formation of matter, the protrusion of a fungus, or other visible ill consequences. The truth is, the tumour, at the time of the operation, was rapidly upon the increase, and the symptoms which soon after displayed themselves would have been developed, there is reason to believe, whether an operation had been performed or not; indeed, it was not to be expected that a tumour, such as I soon after discovered it to be, should long remain quiescent. Mr. Crawford's friends were then told distinctly and unequivocally by Dr. Smyth and myself that little hope remained of his recovery. Nevertheless every artist in Rome, except his true and sensible friend Chapman, thought it impossible that so great a man as Crawford could die at all. Crawford himself would never listen to the suggestion that there was danger; and I doubt whether at this moment, low as I understand he is, he does not cling tenaciously to the belief that he will soon be well. That

his case has been of several years' standing, he himself would never admit; that Mrs. Crawford knew to the contrary, and confessed it to their friend Mr. Terry, I have the authority of that gentleman for stating. At last it was determined in a nondescript consultation of artists and doctors, among whom were some very sensible men, that Mr. Crawford should go to Paris and put himself under the care of the most eminent surgeons of that capital. Previously, however, to his taking this step, great anxiety was expressed by some of his friends that the eye and the tumour should be *extirpated;* and Mr. Crawford, it was believed, would willingly have submitted to the operation. I strongly *protested* against it, and *positively* refused to perform it, stating that Mr. Crawford would not live, if performed, an hour—that he might live, if let alone, several months, and an opportunity be thereby afforded of seeing Mrs. Crawford and his family. Mr. Hooker, and nearly all his friends, particularly the artists, will bear testimony, I am sure, to my having taken this course; and *to myself more than to any one else*, is Mrs. Crawford indebted for the melancholy satisfaction of meeting her husband on this side of the grave. I need hardly remark that Mr. Crawford repaired to Paris, and placed himself under the care of surgeons of wide-world reputation, *all* of whom *concurred* with me in opinion, and *approved* of my practice to the fullest extent, as the following documents, kindly furnished in reply to the following circular addressed to them, will abundantly show:—

"*Campagne Diodati, near Geneva, Switzerland, June* 7, 1857.

"Dear Sir—

"You had under your care some time ago Mr. Crawford, the celebrated sculptor of Rome, on account of a tumour in the orbit, behind the left eyeball. Will you be so obliging as to say whether you consider the disease at present, or from the commencement, of a *malignant* nature, and whether it could have been produced, or aggravated, by an *explorative operation*, performed with great care, in two places, between the ball of the eye and orbit, without being followed by hemorrhage or much pain, the wounds healing almost immediately by the first intention? Permit me also to ask if the exploring needle is not employed, all over the world, *justifiably and advantageously*, as a most important auxiliary in all doubtful cases, and whether the use of such needle can *convert a benign* tumour into a *malignant* one, and thereby produce a fatal result? I beg pardon for the trouble I give; and in asking a speedy reply to this letter, allow me to subscribe myself,

"Very respectfully yours,

"William Gibson, M. D.

"To Messrs. Velpeau, Nelaton, Desmarres, *Paris.*"

To this interrogatory letter I speedily received the following replies:—

"Much honoured Confrere,

"I saw Mr. Crawford twice only in consultation, at the commencement of this year, and it appeared to me that the tumour under which he laboured was of a *malignant* nature.

"In my opinion, it is *absolutely impossible* that an explorative operation could be the cause of such disease, or could change the character of the tumour. The exploring needle is daily employed by *all* surgeons in doubtful cases, without ever being followed by the slightest injury.

"Your's truly,

"Velpeau.

"*Paris, June* 10 1857.

"To Professor William Gibson."

"Dear Sir and honoured Confrere,

"I saw Mr. Crawford some months ago, and ascertained that he suffered from a tumour, which originated in the cavity of the orbit, and caused a protrusion of the eyeball. This tumour is of a *cancerous* nature, and I am sure it has always presented the same character. It developed itself towards the superior and inner angle of the orbit, in the bony tissue. The symptoms which have existed *for a long time* leave no doubt that the tumour has extended towards the interior of the skull; and this is one of the reasons why we have declared that no operation whatever could be reasonably attempted for the cure of the patient. As for the *explorative operation, it was utterly incapable of aggravating* the condition of the patient, which nothing in the world, it may be said, *could aggravate*, as the disease was *from the beginning incurable.* I do not think, moreover, that the degeneration of the tumour could have been *produced* or *hastened* by this operation. An *explorative operation* never produces such effects; and tumours,

which sometimes have been supposed to have been *converted* into cancer, were *from the commencement really* cancerous; and I do not know of any fact that proves such transformation. I must add that *explorative operations* are made daily, and that the wounds from them are *insignificant* wounds, which heal in a few days. I think therefore that the aggravation which has been observed in Mr. Crawford's disease is an inevitable consequence of the *nature* of that disease from which he suffers, and that it can by no means be imputed to the operation. I assert this with the more confidence (*plus d'empressement*) as it is the result of *thorough conviction* on the subject; and I am astonished to be obliged to certify to a fact so very (*elementaire*) simple.

"Your devoted Confrere,

"NELATON.

"*Paris, June* 13, 1857.

"To Professor WILLIAM GIBSON."

"DEAR SIR:—

"It is with pleasure I answer each of your questions.

"1st. I think that Mr. Crawford's disease has been *from the commencement* of a *malignant* nature. M. Velpeau entertains the same opinion.

"2d. The *explorative* needle, in my opinion, and in that of *every one else*, can do no injury, if properly introduced between the globe of the eye and the walls of the orbit.

"3d. The same needle is daily employed for the purpose of throwing light upon the nature and treatment of tumours.

"4th. An *explorative operation* can never convert a *benign* tumour into a *malignant* one.

"Accept, sir, my respt'l salutations.

"DESMARRES.

"*Paris, 14th June*, 1857.

"Professor WILLIAM GIBSON."

Soon after my arrival in Paris, on the 23d of June, from Geneva, I called upon my friend Dr. Beylard, a native of Philadelphia, long resident in Paris, who, after having enjoyed the greatest medical advantages of that capital, now stands high in his profession, and is destined, ere long, to become—like Ricord, a Baltimorean—one of its brightest ornaments. Finding that he had been in attendance also upon Mr. Crawford, and was the intimate friend and correspondent of Mrs. Crawford, now with her husband in London, I requested him to furnish me with such document on the subject in question as he could honourably and conscientiously afford. The following note will show, like those of his distinguished compeers, how little I deserve the censure bestowed upon me by Mrs. Crawford:—

"*Paris, June* 27, 1857.

"DEAR DOCTOR:—

"I reply to your request as regards the *explorative* operation practised upon Mr. Crawford. My opinion is, that it was *necessary*, for the purpose of ascertaining whether the tumour developed behind the ball of the eye did not contain a *fluid*—cysts of the orbit being often cured by this means.

"As to the point of converting, by any *operation whatever*, a simple tumour into one of a *malignant* character, I do not hesitate to say, that I consider it an *utter impossibility*. I am perfectly convinced that the investigation made by you *could not, in the slightest degree*, aggravate the disease of our celebrated compatriot.

"Very truly yours,

"E. BEYLARD.

"Professor GIBSON, Meurice's Hotel."

On the 29th June, I called with Dr. Beylard to see my old friend Sichel—the greatest oculist, in my estimation, upon earth—who had recently recovered from a dangerous attack of pleurisy. In course of conversation, Crawford's case came up, when he expressed his astonishment at the treatment I had received; and upon the contents of the letters of Velpeau, Nelaton, and Desmarres being reported to him, said at once, in his peculiarly animated style, "My testimony, if you desire it, shall be at your service immediately." Upon my replying in the affirmative, and thanking him for his kindness, he hurried us into his studio and wrote the following:—

"MY DEAR PROFESSOR:—

"Mr. Crawford's affection when I saw him—and I only saw him once—seemed to me an exostosis of the bones of the orbit. I proposed a general treatment. *Whatever* operation you may have practised in order to explore the nature of the disease, and *whatever* may be *actually* its nature, I am *thoroughly convinced* that your operation can have had no unfavourable influence on Mr.

Crawford's local affection or general health.

"Believe me, my dear Doctor,

"Yours' very faithfully,

"SICHEL, D. M.

"Professor GIBSON,

"Paris, June 29, 1857."

It will be seen from the above statement and testimony how very unjust, to say the least, is the *charge* preferred against me by Mrs. Crawford, for whom and for whose husband I have always felt, from the moment of their affliction, the deepest sympathy. That she is capable of forming an opinion on a medical or surgical subject, intelligent as she may be, and I dare say is, in her own sphere, I cannot possibly admit; nor can it be reasonably expected that I should quietly fold my arms and suffer my reputation to be assailed, through the kink or crotchet of any one, without any effort whatever to defend it. Had the question, however, been brought before the *medical* profession in any part of the world, and particularly before the thousands of medical men throughout the United States I have educated, in conjunction with my distinguished colleagues in the University of Pennsylvania, who well know and can appreciate my position, I should probably have remained perfectly silent. But I am now writing for the American *people*, for my countrymen *out of the profession*, before whom I have been *painfully* dragged. Can I be accused then of egotism if I put to them the question: Is it possible that a *graduate* of the University of *Edinburgh*—a *house* pupil of Sir Charles Bell—an attendant upon the lectures of Abernethy, Sir Astley Cooper, Lawrence, and a host of other distinguished men—a Professor of Surgery of thirty-five years' standing—as the successor of Dr. Physick in the University of Pennsylvania, recommended by him to the trustees of that University to fill the chair which he himself had so long filled with the highest honour to himself and his country—an army surgeon during the whole of the American war of 1812—a surgeon and clinical lecturer for twenty-five years in the Philadelphia Hospital (one of the largest hospitals in the world, styled by Miss Martineau, "*a palace for paupers*,")—the author of extensive surgical works, well known in Europe and America—a surgeon who has performed hundreds of times, successfully, the most difficult and dangerous operations, in public and in extensive private practice—one whose hand has never been known to tremble, or sight to fail—could be guilty of the irresistibly ridiculous charge imputed to him! I repeat, I put it to the American *people*—(a people with more native talent and tact and better *practical* education than any other people upon the face of the globe; a people from whom Crawford sprang, and from a poor, friendless, self-educated boy, raised himself by undaunted energy and perseverance to a height only exceeded, perhaps, by that of Canova or Thorswalden, and at last has fallen, not through any fault or negligence or ignorance, or want of sympathy on my part, but from *exertions* of his own, which have addled the inmost texture of his brain, and converted its fine fabric into a mass of morbid degeneration, which God only in his infinite wisdom is able to remove)—yes, to the American people (who from Maine to California have heard of Crawford's noble works, and who would execrate the man whom they could *imagine* to have been, even remotely, the cause of his death,) whether, independently of the testimony I have produced and could produce to an unlimited extent, and that with all my opportunities and experience, I could be such a dolt as to have inflicted injury by an operation any surgical tyro could have executed with perfect precision and ease?

I have noticed this charge, I may also add, not on my own account merely—being fortunately independent either of public approbation or censure—but for the sake of that profession which I still dearly love and honour, and to which I have devoted the best energies of a somewhat long, and, I trust, useful and conscientious life. But what encouragement can be held out for young men of the present day, too often "struggling for life among the waters," to enter upon a calling the most difficult, responsible and ill re quitted of all others, and after having reached its highest honours, to find themselves undeservedly condemned, and perhaps executed, and that in too many instances, after *gratuitous* services, rendered from the purest and most benevolent motives.

I hope I have said nothing throughout this statement, bearing upon the *motives* of Mrs. Crawford, which I certainly do not mean to impeach in the slightest degree, or unbecoming to me as a gentleman. I sympathize deeply with her, as a devoted wife and

mother, and as a lady of highest character, exceedingly beloved by her friends, and cherished and admired wherever she is known. She has feelingly invoked, in her published statement, the assistance of a "most merciful High Priest, a good and gracious God," to whose will she professes to bow with humble resignation. To this I respond, from the bottom of my heart. *Amen*, and with the utmost commiseration for her suffering husband, now slowly winging his way to a better world, and for herself and "shorn lambs,"

I respectfully subscribe myself,

WILLIAM GIBSON, M. D., LL. D.,

"Emeritus," Professor of Surgery in the University of Pennsylvania.

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Medical College of Ohio and Miami Medical College.—These two schools have amalgamated, the name of the former being retained; and Professors Judkins, Comegys, Foote and Mendenhall of the latter, becoming members of the Faculty.

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New York State Lunatic Asylum at Utica.—We regret to have to record the destruction, by fire, of the main building of this valuable Institution. It is supposed to have been set on fire by an individual who had been a patient. The large barn and stable belonging to the Institution was also subsequently set on fire and destroyed.

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Jefferson Medical College.—Dr. THOS. D. MITCHELL has been elected Professor of Materia Medica in place of Dr. Huston, who lately resigned.

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Medical Department of the University of Louisiana.—Dr. J. C. P. WEDERSTRANDT has resigned the Professorship of Anatomy, and Dr. J. C. Nott, of Mobile, Ala., has been elected to fill his place.

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Port Physician for Charleston, S. C.—Dr. W. C. RAVENEL has been appointed to this post, in place of the late Dr. Thos. Y. Simons.

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University of Louisville.—The new edifice for the medical department of this Institution is in progress of construction, and will, it is said, be completed in season for the next session.

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New Orleans School of Medicine.—Dr. A. Foster Axson has resigned the chair of Physiology in this school, and Dr. A. Peniston has been elected in his place. Dr. T. S. Clapp has been appointed adjunct Professor of Anatomy in place of Dr. Peniston, promoted.

FOREIGN INTELLIGENCE.

Chloroform in Surgical Operations.—Mr. LE GROS CLARK, one of the Surgeons of St. Thomas's Hospital has communicated to the *Lancet* (June 20, 1857) the following case of lithotomy, the fatal result of which he attributes to the effects of chloroform:—

"W. S., aged 20 months, was admitted into St. Thomas's Hospital, under Mr. Le Gros Clark, in August, 1853. The child was pale-faced, thin, and emaciated, and had been in the habit of drinking gin and porter in considerable quantity. He had suffered from symptoms of stone since birth. During six weeks his general health was attended to, until he became so altered as to present the appearance of a healthy child. He was cut on September 24th. Half a drachm of chloroform was administered on a sponge, and inhaled for one minute and a half, when he became rather suddenly completely comatose, snoring loudly; respiration slow but regular, as was also the pulse. The breathing, in fact, became *so suddenly* stertorous, that the chloroform was removed immediately, and not afterwards applied. There was scarcely any blood lost at the operation or afterwards. He continued asleep for twenty minutes, and was then roused by applying cold water to the face. He, however, continued pale, depressed, and languid. He rallied slightly towards evening, but still appeared more depressed than he should have been from the small amount of blood lost. On the evening of the day following the operation there was more reaction. He took nourishment, and was carefully watched, sleeping a good deal through the succeeding night. After taking some milk at about six o'clock he went to sleep again, and was found snoring at seven. He could not be roused, and was soon after in a state of profound coma. Every measure was resorted to for the purpose of arousing the little patient, but he soon after breathed his last.

"*Post mortem Examination.*—Head not permitted to be examined. All the abdominal viscera healthy, except the kidneys; they were pale, bloodless, and

considerably damaged by interstitial deposit of fibrinous material, both in the cortical and medullary parts. The incision which had been in the operation had not wounded any structure further than was intended. The incision into the prostate was limited, and the parts in the immediate vicinity of the wound were perfectly healthy."

In his remarks, he says: "I believe that this infant might have rallied from the shock of the operation if chloroform had not been administered, though he would probably have succumbed to renal disease at a future period."

"Further," he adds, "I am satisfied, from careful examination, that the depressing effect of chloroform is often far more prejudicial to the patient than the shock to the nervous system caused by the actual pain of an operation; and hence, patients are often much more fretful and intractable after an operation when this anæsthetic has been inhaled, than when operated upon without it. On this ground alone I object, in many instances, to its administration. It is true that it may be distressing to a bystander to witness pain which he naturally thinks might be spared to the patient; but I apprehend it is the duty of the surgeon to regard the life of his patient as most sacred, and, acting upon his own convictions, to sink all minor considerations, and look to the issue of the case as that which should guide his proceedings when operating. For the same reasons I endeavour to dissuade my patients from inhaling the anæsthetic when I am about to operate for hernia. If adult patients, who are the subjects of stone in the bladder, insist upon having chloroform, after I have explained my objections, I acquiesce, as I regard the moral effect of *anticipating* a painless operation as an important consideration."

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General Anæsthesia.—Dr. KLAATSCH relates the case of a widow, aged 58, who applied to him on account of severe pains in the extremities, and a powerless state of the upper ones, which prevented her from grasping any object firmly. She also complained of an unrelievable sense of hunger. In other respects, with the exception of occasional headaches, she was quite well; she had had nine children, still menstruated moderately, and exhibited no symptoms of hysteria. A charwoman by occupation, she attributed her present symptoms to chills. An examination exhibited no appearance of paralysis, but the sense of feeling was lost over the entire skin and orifices of the mucous membranes, and could not be excited by pricking with needles. No unpleasant feeling was excited by irritating the nares, the conjunctivæ, or the mucous membrane of the mouth, and the fumes of ammonia produced no effect upon the respiratory organs. Boiling water and a prolonged application of the electrical pencil alone induced some feeling on the surface. The sense of contact was retained, and she was enabled to exactly indicate the spots at which she had been pricked. The power of distinguishing between differences of temperature was abolished, but the muscular sense remained, as she was conscious of the position of her limbs, and could determine the weight and size of a body by grasping it. The senses of taste and smell were lost, and both hearing and vision were somewhat defective, although she had not before observed diminution in their power. The reflex excitability was very slight, the rapid application of hot sponges exciting but slight movements; tickling the fauces did not induce any disposition to vomit.

After the patient had remained some time under observation, and her condition was found to be stationary, the Russian vapour baths were tried, but without any avail. The electrical pencil was next applied to the two forearms and the left side of the face; and after three *séances*, not only was feeling restored to these parts, but it was recovered also by the remainder of the surface and the mucous membranes; taste and smell were restored, and the sense of unappeasable hunger disappeared.

Most of the analogous cases on record have been observed in hysterical subjects; but in this one no symptoms of hysteria whatever were present.—*Med. Times and Gazette*, June 30, 1857, from *Deutsche Klinik*, 1856, No. 45.

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OBITUARY RECORD.—Died, on the 19th June, at Clapham, Sir JAMES EYRE, M. D., aged 66 years.

——, at Lacken, near Brussels, on the 15th of June, Sir ROBERT CARSWELL, Physician in Ordinary to the King of the Belgians, and formerly Professor of Pathological Anatomy at University College, aged 64 years.